

SEP 05 2006

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FACSIMILE TRANSMITTAL SHEET

TO: Mail Stop Amendment	FROM: Ronald Pomcrenke
COMPANY: USPTO	DATE: SEPTEMBER 5, 2006
FAX NUMBER: 571-273-8300	TOTAL NO. OF PAGES INCLUDING COVER: 7
PHONE NUMBER:	SENDER'S REFERENCE NUMBER: 50269-0595
RE: Supplemental Response/Terminal Disclaimer	YOUR REFERENCE NUMBER: Ser. No. 10/613,985

☒ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS.

DOUCMENTS ATTACHED FOR OFFICIAL FILING:

- 1) Transmittal;
- 2) Fee Transmittal (in duplicate);
- 3) Supplemental Response; and
- 4) Terminal Disclaimer

PLEASE ACKNOWLEDGE AND CONFIRM RECEIPT VIA FACSIMILE AT (408) 414-1076.

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SEP 05 2006

PTO/SB/17 (12-04)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 130.00)**Complete If Known**

Application Number	10/613,985
Filing Date	July 2, 2003
First Named Inventor	Christopher Tzann-en Szeto
Examiner Name	Jeffrey C. Pwu
Art Unit	2143
Attorney Docket Number	50269-0595

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

Deposit Account Deposit Account Number: 50-1302 Deposit Account Name: Hickman Palermo Truong & Becker LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)
 - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) Statutory Disclaimer

\$130.00

SUBMITTED BY

Signature	<u>Ronald M. Pomeranke</u>	Registration No. 43,009 (Attorney/Agent)	Telephone 408-414-1080
Name (Print/Type)	Ronald M. Pomeranke	Date	September 5, 2006

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TRANSMITTAL FORM (to be used for all correspondence after Initial filing)	Application Number	10/613,985	
	Filing Date	July 2, 2003	
	First Named Inventor	Christopher Tzann-en Szeto	
	Art Unit	2143	
	Examiner Name	Jeffrey C. Pwu	
Total Number of Pages in This Submission	6	Attorney Docket Number	50269-0595

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Remarks
Remarks The Director is hereby authorized to charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 to Deposit Account Number 50-1302 Deposit Account Name: Hickman Palermo Truong & Becker LLP		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Hickman Palermo Truong & Becker LLP		
Signature	<i>Ronald M. Pomeranke</i>		
Printed name	Ronald M. Pomeranke		
Date	September 5, 2006	Reg. No.	43,009

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Signature	<i>Martina Placid</i>		
Typed or printed name	Martina Placid	Date	September 5, 2006

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